LUMBEE RIVER EMC

Application for Special Capital Credit Retirement

☐ **Estate Retirement** ☐ **Inactive Member Retirement**

Member#:_____ Date:_____

Member Name:_____ Spouse:_____

Mailing Address:_____ City,State,Zip:_____

Phone #:_____ E-mail Address:_____

NOTICE

Upon any termination of membership and pursuant to a voluntary written request and approval by the board of directors, the Cooperative may process the former member's request for special retirement.

The Cooperative's program for discounted special capital credit retirements is entirely voluntary and dependent upon written request on behalf of the former member or representative of a deceased member. No member, former member, representative of a deceased member, or legal representative of a business entity is required to participate in the discounted special retirement of capital credits.

I or the representative of a deceased member agree(s) to accept the early-retirement option of the capital credits that have been assigned and hereby request that Lumbee River Electric Membership Corporation refund the capital credits on a net present value discounted basis. I understand this payment method represents a request for a special early retirement of the stated capital credits and that a discount factor (approved by the Cooperative's Board of Directors) will apply to this refund. By not signing this form, I understand capital credits will be retired and paid in periodic installments on the same schedule as the general retirements of capital credits as declared payable by the Cooperative's Board of Directors. Inactive membership retirements will be paid around 90 days after the membership is terminated.

Please sign and return this form to Lumbee River EMC or email to support@lumbeeriver.com. I have read and understand the agreement. I attest that I am the Lumbee River EMC ☐ former member or ☐ legal business representative or ☐ representative of a deceased member.

Signature:_____ Date:_____

Print Name:_____

Spouse Signature:_____ Date:_____

Print Name:_____

MAILING ADDRESS OF APPLICANT (IF DIFFERENT FROM MEMBER):

Name:_____

Mailing Address:_____ City,State,Zip:_____

Phone #:_____ E-mail Address:_____